

Chapter II

Certification Controls

The WIC certification process includes four separate determinations: categorical eligibility, residency, income, and nutritional risk. Although the certification process must comply with WIC Program regulations, State agencies are still afforded discretion in their processes. Preliminary screening for eligibility may be done prior to the scheduling of an appointment, or done at the certification appointment. State agencies may require documentation or go a step further and verify it.

Many of the steps of the certification process provide opportunities to prevent and detect fraud and abuse. For this reason, it is essential that strong controls be in place. This chapter provides a discussion of the certification process, which includes WIC Program regulations, vulnerabilities, effects of choices made by State agencies, and basic and enhanced controls.

2.1 Background

Before discussing the basic and advanced certification practices, we consider the vulnerabilities in the certification process.

Vulnerabilities of the Certification Process

In the WIC certification process, several types of fraud or abuse may occur:

- Applicants may falsify eligibility information (i.e. categorical status, income, residency status, or nutritional risk).
- Applicants may fail to report their total household income.
- Applicants may falsely claim to be eligible for adjunctive programs.
- Participants may receive benefits from more than one location at the same time.
- Participants may receive benefits from WIC and the Commodity Supplemental Foods Program (CSFP) at the same time.
- Participants may continue receiving benefits when no longer eligible.
- Staff may create phantom participants.
- Staff may knowingly certify applicants who are not actually eligible.

These forms of fraud may involve either participants, staff, or collusion between the two. Each of these vulnerabilities represents authorization of benefits for someone not eligible to receive them.

Key Provisions of WIC Program Regulations

WIC Program regulations (7 CFR 246.7) establish a number of requirements for the certification process. To be eligible to participate in the WIC Program, an applicant must:

- be categorically eligible: i.e., a pregnant, postpartum, or breastfeeding woman, infant, or child up to age 5
- reside within the State or local service area (Indian State agencies may require that the applicant live within their jurisdiction)
- meet the State agency's income criteria
- meet nutritional risk criteria
- have identification checked at certification and when issuing food instruments
- provide proof of residency and income.

State agencies may require verification of information for confirmation of income eligibility.

An applicant will be considered income eligible if he or she can document meeting one of the following criteria:

- certified to receive Food Stamps
- certified (or presumptively eligible) for Temporary Assistance to Needy Families (TANF) or a member of a family that is eligible
- certified (or presumptively eligible) for Medicaid, or member of a family in which a pregnant woman or infant is eligible
- member of a migrant family certified for WIC in the last 12 months, as documented by a valid Verification of Certification (VOC) card

Participants must be physically present at certification and subsequent recertifications. At State agency option, certain infants and children may be exempt from the physical presence requirement. Exceptions due to a disability must be granted. Examples of such situations include:

- medical condition for which use of medical equipment that is not easy to transport is necessary
- medical condition requiring confinement to bed rest
- serious illness that may be worsened by coming to the clinic

- height or length and weight measurements, and hematological tests (if needed to determine nutritional risk), which must be obtained for each participant
- height or length and weight measurements, which must be taken within 60 days of certification
- hematological test for anemia, which must be taken at recommended time frames or no later than 90 days after certification.

Hematological test data can be provided by a competent professional authority not on staff at WIC. For a woman, the results must have been obtained while in her current categorical status. A doctor's prescription is required for formulas that are not in the State agency's rebate contract.

Certification form(s) provided by the State agency must include the following:

- Applicant's name and address
- Date of application
- Income eligibility information
- Date of certification
- Date nutritional risk data were taken if different from date of certification
- Nutritional risk conditions that established eligibility including height or length, weight, and hematological test results
- Signatures and titles of staff making nutritional risk determination and determining income eligibility
- Signature of the participant following a statement in which the participant certifies that information provided is correct, acknowledges that information may be verified, and acknowledges that intentionally providing inaccurate information may result in paying back funds, or civil or criminal prosecution.

Participants must be informed of their rights and responsibilities. State agencies are responsible for detection and prevention of dual participation within and between local agencies. If a State agency is to serve the same population as an Indian State agency or the CSFP, a written agreement for detecting and preventing dual participation must be entered into with these agencies before the new agency begins operation.

Data on Certification Practices

Table 2–1 presents data from the 1998 GAO survey on the prevalence of use of a computer system to perform certain functions related to certification.¹ According to GAO, most local agencies surveyed used a computer system to maintain participant data, but about 11 percent still did not. A WIC Management Information System (MIS) is an important element in the certification process and a useful tool for preventing and detecting fraud and abuse. When participant information is maintained in an MIS, the information can be updated and shared with all agencies in the network much more quickly than if it is maintained manually. Up-to-date information is important to the timely prevention and detection of fraud and abuse. In some small or satellite clinics, use of computers is either technically problematic or too expensive for the number of participants served. Some agencies have dealt with this problem through use of laptop computers, which can travel to these clinics with the certifying staff. In other agencies, data entry and other MIS functions for sites without computers are performed at a site that has computers. As basic portable computers become less expensive and more up-to-date MIS becomes available to smaller agencies, local agencies will more easily be able to realize the advantages of having an MIS onsite.

Table 2–1—Estimated percent of local agencies using a computer system for certain certification controls

Certification control	Estimated percent of local agencies
Use computer system to maintain participant data	89
Use computer system to identify dual participation within the state	73
Use computer system to verify adjunct income eligibility	50

Source: U.S. General Accounting Office (GAO), *Food Assistance: Efforts to Control Fraud and Abuse in the WIC Program Can Be Strengthened*, p. 42.

A WIC MIS can be programmed to perform matches based on certain elements of participant data and to flag possible cases of dual participation. This function can be performed far more quickly and more accurately by a computer than by staff. The sooner dual participation is identified, the sooner staff can put a stop to the receipt of dual benefits, thereby minimizing loss of funds. Despite the usefulness of the MIS in performing this function, only 73 percent of the local agencies surveyed by GAO were using it for this purpose. Even if this function was not programmed into the MIS initially, the participant information contains the data elements necessary for matching. Having the MIS programmed to perform this function is an enhanced control for preventing and detecting fraud and abuse.

¹The GAO survey reflects State agency practices before enactment of the Goodling Act. Controls referenced in these data may be more prevalent now because of steps taken by State WIC agencies to implement this act, ongoing MIS improvement efforts, and other program enhancements.

Eligibility based on an adjunctive program needs to be based on accurate information, because this criterion takes the place of the income requirement. Eligibility status in one of the adjunct programs may have changed since the documentation provided to WIC was printed. Use of a computer system to verify adjunct income eligibility provides WIC staff with the most current eligibility information. Yet, only 50 percent of the local agencies surveyed by GAO used a computer system to verify adjunct income eligibility. The other 50 percent may be using outdated information to establish adjunct income eligibility, and may be certifying applicants who are no longer eligible.

Local WIC agencies must obtain documentation of adjunct income eligibility, but verification of this documentation varies widely. Table 2–2 presents data from the GAO survey on the prevalence of verification of eligibility in adjunct programs. The data show that almost half of local agencies (45 percent) performed no verification of this documentation, and only 14 percent verified all such documentation. As discussed later in this chapter, verification of adjunct income eligibility documentation enhances the controls against participant fraud, but the appropriateness of this practice depends on the nature of the documentation provided and other considerations.

Table 2–2—Estimated percent of local agencies verifying applicants’ eligibility in other income-qualifying programs

Verification of adjunct income eligibility	Estimated percent of local agencies
No verification	45
Less than 10% verified	6
10% to 50% verified	13
Between 50% and 100% verified	12
100% verified	14
Failed to respond to question	9

Source: U.S. General Accounting Office (GAO), *Food Assistance: Efforts to Control Fraud and Abuse in the WIC Program Can Be Strengthened*, p. 44.

Additional data on the certification process are provided by the USDA Food and Nutrition Service, *National State Agency Program Integrity Profile, 1998*:

- Of the 77 State agencies represented in the profile (including 25 ITOs), 18 had electronic access to State Medicaid systems for verification of adjunct income eligibility.
- 57 State agencies had an automated system for conversion of infant to child status on the child’s first birthday.
- 26 State agencies had a written agreement with bordering States to share information for the detection of dual participation.

2.2 Overview of Controls for Certification

The certification controls available to State and local WIC agencies for preventing, detecting, and responding to fraud include the following:

- type of information obtained at screening
- type of documentation required at certification
- how documentation is recorded and/or verified
- exemptions to documentation requirements
- controls for preventing and detecting dual participation
- automatic termination
- standards and procedures for obtaining height, weight, and bloodwork
- standards and procedures for food prescriptions

Tables 2–3 to 2–8 summarize the requirements and basic and enhanced controls in these areas, identifying the key advantages of the enhanced controls and, where appropriate, important cautions or other considerations related to these controls. The text following each of these tables discusses the controls in more detail.

2.3 Fundamental Choices Shaping Certification Processes

State agencies make certain choices that shape the certification process and the kinds of controls used. Some of these choices are:

- Type of MIS in use (centralized online, distributed online, or centralized batch)
- Types of data available to local clinic and administrative staff
- Functions programmed into the MIS
- Integration of WIC intake with other health programs

The MIS is an important tool in the prevention and detection of fraud and abuse, so the design of an agency's MIS has an important role in shaping the nature and strengths of an agency's controls against fraud. One key feature of MIS design is whether all data are maintained in a single, centralized database or distributed among the local agencies. A single centralized database ensures that users have access to current information on all participants, including evidence of duplicate registration or participation. Use of a distributed database design, on the other hand, reduces storage, processing and telecommunications requirements for local agency MIS functions.

Another key feature is whether the database is updated online (as users add and change individual records) or via batch processing. Online updates ensure immediate access to updates, but batch systems are simpler and cheaper to build and maintain. In a distributed online environment, the local database is updated online, but the master database for the State agency is updated through periodic batch transmissions. The frequency of these transmissions then determines how current the master database is; control on dual participation and other types of fraud is enhanced when these transmissions are daily.

State agencies differ in the level of access clinics have to the participant database. In some States, the entire agency's participant database is accessible at the clinic level; in other States, only the data for the local agency is available at this level. In the latter group, the MIS cannot automatically detect when a participant is already registered at another agency. Other State agencies provide no local access: the database can be accessed only by the central office. In these States, Program information is typically available to clinics through printed reports, or certain information may be sent to clinics via electronic mail. This limitation affects the timeliness of the information available to the clinic when certifying applicants and the feasibility of using MIS data and functions in the certification process.

State agencies make choices about how many and what types of functions are programmed into their MIS. These choices affect the nature of the controls that are used. The degree to which certification is automated influences how quickly participant information is available Program-wide. The extent to which certification is automated also influences the degree to which related functions can be performed, such as edits to detect invalid data and to force recertification or terminations. Similarly, the types of reports and their specific programming are choices that influence who can monitor the certification process, what parameters can be monitored, and how effectively potential fraud can be identified. Yet another way to augment fraud controls is to establish linkages with related data systems, such as Medicaid eligibility files or birth records.

A sophisticated, online MIS that provides local agencies with real-time access and extensive process automation offer the most extensive possible array of controls. There is a price to these controls, because these features add to the cost of the MIS. Each State agency must weigh considerations of cost, fraud control, and other factors when it designs or enhances its MIS. These considerations need to take into account not only the direct costs of the MIS but also the impact of the MIS on other costs, such as the staff time to investigate fraud and the costs of fraudulently obtained benefits.

State agencies make decisions about the level of integration that exists between the WIC Program and other health programs. Where WIC clinics are operating through health departments, some State agencies have found it beneficial to integrate services between the two. In such situations, intake is typically an integrated process, with the information obtained being shared by all programs in which the applicant wishes to participate. This means that WIC certifying staff have less applicant information to obtain, but there may be aspects of an integrated intake that are not specific enough to WIC (for example, certain aspects of income determination such as counting the fetus as a family member). In clinics where programs are not integrated, the intake process is specific to the needs of the WIC Program, and all information will have to be obtained for a new applicant.

The text following this section provides a discussion of specific practices for each element of the certification process, with each section introduced by a summary table. The tables identify the WIC Program requirements for the certification process, the basic controls used by most State agencies, and the enhanced controls available to increase program integrity. For the enhanced controls, the tables highlight the benefits and the costs, including potential impacts on staff time, clinic flow, MIS requirements, and other resources.

2.4 Initial Intake Controls

Table 2–3—Requirements and controls for intake/screening

WIC requirements and basic controls for intake/screening	Enhanced controls for intake/screening	Benefits and costs of enhanced controls for intake/screening
Requirement: (There are no specific requirements governing initial intake/screening)		
Basic control: When applicant calls for appointment, request information on categorical eligibility.	Request information on categorical and income eligibility prior to certification.	Saves time. Screen for eligibility under these two criteria, but if not income eligible, invite applicant to come for certification anyway so that staff can make a formal determination or referral. Requires investment of staff time, may slow clinic flow initially but saves more time at certification and prevents ineligible applicants from using limited appointment time.
Basic control: Inform applicant of types of documentation needed at certification.	Send appointment letter to applicant listing documentation needed at certification. Set up participant record and assign ID number when making appointment	Helps to ensure that appointment will not be forgotten, proper documentation will be brought; receipt of letter helps verify address. Requires investment of clerical staff time and cost of paper and postage. Saves time at certification and reduces need to reschedule. Helps track application activity and prevent dual application. Requires staff time but can be done by clerical staff rather than Competent Professional Authority (CPA).

The type of information gathered during the initial screening/intake is not governed by specific WIC Program guidelines, except that the timing and nature of the initial contact affect the mandatory timelines for making certification available. When an applicant calls, it is helpful to take some information beyond that required to schedule an appointment. Typically, information is taken for the purpose of establishing the applicant's eligibility category (e.g., whether a woman applicant is pregnant or post-partum). It is also helpful to ask some questions about income as a preliminary check for income eligibility.

If a caller is clearly over the income threshold, this step may save the applicant from making an unnecessary trip to the clinic. However, since so many factors are involved in income eligibility, the caller is usually offered an appointment to further explore eligibility with a member of the staff. It is also helpful to ask if the applicant is already on WIC, so that staff can identify this case as a transfer, which entails less time for processing. While these steps may require some additional staff time up front, having this information on hand at the time of the appointment will

likely save time at certification. It may also reduce the number of applicants who are clearly ineligible for WIC from using limited appointment time.

If an appointment is scheduled, the applicant is usually instructed about what documentation to bring. This increases the likelihood that the applicant will have the appropriate documents for certification, and it also lets applicants know that WIC staff will be requiring proof of the information they provide. For most applicants, a driver's license or bill is sufficient proof of residence, but in some instances, they are not available. Clinics can use autodialers or send letters to the applicants reminding them of the date of the appointment and the documentation that must be provided. Use of reminder letters is an enhanced control, because in addition to providing the applicant with a reminder, this process entails obtaining the address of the applicant.

If the applicant receives and brings the letter, it can be used to verify residency; if the letter is returned undelivered, this is a signal to the clinic to further investigate residency when the applicant appears. This control requires an additional expenditure of staff time and entails an additional cost to the Program in postage and paper. However, it increases the likelihood that applicants will bring needed documentation with them and will not miss appointments. Both of these benefits reduce the need to reschedule applicants and allow staff to maximize use of appointment slots to serve applicants as efficiently as possible. Yet another enhanced control for the intake process is to open a record and assign a participant ID number at the time of initial contact. While this control entails an additional amount of staff time, it facilitates tracking of applicant activity to detect attempts at dual application or the changing of eligibility information in order to qualify.

2.5 Certification Controls

Table 2-4—Requirements and controls for certification

WIC requirements and basic controls for certification	Enhanced controls for certification	Benefits and costs of enhanced controls for certification
Requirement: Agencies must check a participant's proof of identity at each certification.		
Basic control: Same as requirement	Photocopy document provided as proof of identity	Reduces likelihood of staff creating phantom cases. Aids in investigation of potential staff fraud in relation to phantom cases. Staff time required depends on what documentation is copied and how clinic is set up. May entail cost of providing photocopy machines and sufficient space
Requirement: Obtain documentation of eligibility for Medicaid, TANF, or Food Stamps		
Basic control: Screen for adjunctive income eligibility prior to obtaining household income information	Options: a) Call toll free number or use computerized access to adjunct program database to verify current eligibility	Eligibility status may have changed since document was printed. Requires investment of staff time; adjunct program must have

	b) Develop Memorandum of Agreement or Understanding allowing WIC staff to make queries of adjunct programs	<p>technology available and may expect cost-sharing.</p> <p>Can be used when staff lack direct access to database for adjunct programs. Requires that State administrative or legal staff draft the document, and obtain signature of authorized program representatives. This is a one-time investment of staff time. Both options require an additional investment of staff time to perform verifications.</p>
Requirement: Determine household income and record it on a clear and simple form provided or approved by the State Agency		
Basic control: Ask applicant to report amount of current household income	<p>Probe for alternate or additional sources of income. Identify and inquire about certain sources (e.g., “do you receive SSI, child support, etc.?”)</p> <p>Use of a specialized income screening clerk</p>	<p>Applicant may not identify these as sources of income and may intentionally or unintentionally omit them. Requires small amount of additional staff time. May slow clinic flow.</p> <p>Ensures separation of duties; provides clinic with staff member who is experienced at probing for income information. May be a problem for smaller clinics.</p>
Requirement: Documentation of household income must be provided by those not adjunctively income eligible except under specific circumstances. Type of documentation provided must be recorded on the certification form or a copy of the documentation included in the participant’s file		
Basic control: Record income information in the MIS, indicate type of documentation on certification form	<p>Record type of income documentation provided on MIS</p> <p>Photocopy income documentation</p> <p>Documentation review by two different staff</p>	<p>Establishes record for investigations or audits, facilitates monitoring of patterns of documentation use. Requires investment of staff time and MIS capability.</p> <p>Aids in future inquiries, prevents staff from falsifying income data. Requires additional time, storage space, and access to a copier.</p> <p>Reduces likelihood that staff will certify an applicant who is not income eligible. Requires involvement of two staff instead of one, but the more time-consuming computations can be</p>

	For participants with zero income, obtain affidavit of support or confirmation from third party	<p>performed by clerical staff instead of CPAs.</p> <p>Assures adequate documentation and facilitates access for these participants</p> <p>Requires investment of staff time, and additional cost of providing forms</p>
Basic control: Manually compute income information and compare to guidelines to establish eligibility	<p>Develop MIS capability to perform calculation, determine eligibility, and block further action if income eligibility is not established</p> <p>Record income for each household member. Prompt to obtain information</p>	<p>Reduces number of errors. Ensures that information is entered before proceeding.</p> <p>Requires MIS access onsite and that MIS be programmed to perform this function. Cost varies depending on adequacy and capabilities of MIS currently in use.</p> <p>Facilitates calculation and updates of income information.</p> <p>Requires additional time at certification and could slow clinic flow.</p>

Verification of Identity

Obtaining documentation of identity is a requirement of the WIC Program. WIC Program regulations provide substantial latitude for State and local agencies to determine what types of documentation to accept. State and local policies need to assure that documents are issued by reliable sources while facilitating access for individuals who do not have access to the most conventional forms of identification (i.e., driver's licenses and birth certificates), such as homeless persons and undocumented immigrants. Use of documents bearing other information about the individual is also helpful for establishing other eligibility parameters: for example, a birth certificate or crib card for an infant provides information on date of birth and birth measures.

The type of documentation provided must be recorded on the certification form or MIS, depending on which the clinic uses, at certification or a copy of the documentation included in the participant's file. This procedure is a control against someone's applying to the Program under a false name. State agencies must repeat this procedure at each recertification, and participants' identities must be checked when they pick up food instruments. This serves as a control against someone's posing as a WIC participant and receiving benefits not intended for them. As discussed in the chapter on issuance controls, many State agencies issue WIC ID folders or cards to provide a similar control, but these documents are not as secure as a driver's license or other photographic ID.

An enhancement of the ID requirement is to require that a photocopy of the ID documentation be placed in the participant's file. This practice makes it more difficult for staff members to commit fraud by creating phantom cases because they would have to create false documentation

for each case or risk detection during case reviews. Retention of photocopies also aids investigative staff, particularly for instances of suspected dual participation using false identities. The impact of this procedure on staff time depends on whether other documentation is copied and how the copying is integrated into the workflow. Agencies need to weigh the cost of making photocopy machines available to all clinics for copying documentation, if this is not already the case. Installing a photocopy machine may be difficult in clinics with limited space.

Physical Presence

Strengthening a practice previously common in many States, WIC regulations now require that applicants be physically present at the initial certification and subsequent recertifications with limited exceptions. This requirement is most relevant in States where WIC clinics rely on outside resources for taking measurements and blood tests. WIC clinics that are part of primary care facilities typically see applicants and participants in person during the course of providing medical care. Where WIC clinics take their own measurements of participants, physical presence is automatically part of the certification process.

WIC Program regulations exempt applicants with a disability from the physical presence requirement under certain circumstances, such as required use of medical equipment that is not easily transportable, confinement to bed rest, or a serious illness that could be exacerbated by coming to the clinic. State agencies have some discretion to establish additional exemptions. As an enhanced practice, State agencies can establish clear criteria for local agencies to determine who is exempt. Agencies need to establish a consistent, efficient process for documenting justifications for exemption. While this documentation requires a limited amount of additional staff time, it also serves as a control against staff abuse of this discretion by creating phantom participants.

Verification of Adjunct Income Eligibility

WIC Program applicants can establish income eligibility if they are currently eligible for certain other means-tested programs (Medicaid, Temporary Assistance for Needy Families (TANF), and the Food Stamp Program). Applicants are required to provide documentation of current eligibility for one of these programs to establish adjunct income eligibility for WIC, such as a notice of eligibility, Medicaid card, or TANF check stub. Electronic benefit transfer (EBT) cards used for the Food Stamp Program; however, are not sufficient proof of current eligibility, because EBT cards remain valid even after eligibility has been terminated.

If an applicant provides proof of eligibility for the adjunctive programs, the applicant need not complete the process of documenting all sources of household income. Under certain circumstances, a family member may be Medicaid-eligible, and therefore WIC-eligible, even though the household income exceeds WIC income guidelines, because Medicaid rules do not count income from unrelated household members.

According to the GAO survey, approximately 58 percent of participants in agencies that provided estimates were income-eligible based on their participation in one of these means-tested programs. Fraudulent receipt of benefits by even a small percentage of such a large proportion of the WIC population would represent a significant loss to the program.

Screening for adjunct income eligibility expedites the WIC certification process, because the information and documentation requirements are less detailed than for a direct determination of household income. At the same time, this screening identifies applicants who are not participating in adjunct programs for which they may be eligible, so that WIC staff can make the appropriate referrals.

The WIC Program does not require that adjunct income eligibility documentation be verified, but some applicants' eligibility status may have changed between the time the documentation was printed and the appointment for WIC certification. Eligibility can be verified by:

- calling the adjunct program to confirm current eligibility.
- accessing the adjunct program's database, either through a separate terminal or through the WIC MIS.
- establishing a written agreement to share information through printed reports, participant rosters, or phone contact between WIC and the adjunctive programs. (Such an agreement may also be required for use of a telephone or other automated verification system, depending on the applicable laws and program rules.)

Although verification entails additional staff time, it provides the most current information on the applicant's eligibility. As a result, it lessens the likelihood that benefits will be provided to applicants no longer eligible for adjunctive programs.

Verification of Income Eligibility

The Goodling Act requires WIC applicants to present documentation of either family income or participation in Medicaid, Temporary Assistance for Needy Families (TANF), or the Food Stamp Program. Exceptions are permitted on a limited basis, such as when necessary documentation is not available, or for a homeless person for whom the requirement would pose an unreasonable barrier to participation. Under the Goodling Act, self-declaration of income is no longer acceptable. Documentation must be provided, such as W-2 forms, income tax returns, current pay stubs or unemployment benefit stubs, or earnings statements.

As an enhanced control, applicants who are claiming zero income can be required to provide the clinic with a statement of support from a third party or to sign an affidavit claiming zero income. This practice requires little additional staff time and ensures that documentation of zero income is on file, while at the same time providing access to the program for participants without any income. Other appropriate documents that establish the family's current income level are acceptable. Section 246.7 (d)(2)(ix) of the WIC regulations, states that a valid VOC card may be accepted as documentation for transferring participants or migrant families. If an applicant meets all other eligibility criteria, an agency is permitted to provide a 1-month supply of benefits and allow the applicant 30 days to bring in documentation of income.

Although documentation of income is required, verification of income is not, although WIC does encourage verification on any questionable information provided. Verification of information

provided for income eligibility is authorized in the WIC regulations (Section 246.7(d)(2)(v)). There are several practical reasons for not routinely verifying income:

- Databases used for verification by other income-based programs, such as State employment security agency records, require the use of a Social Security number, which is not required and may not be available for WIC applicants.
- Use of these databases may entail a substantial cost or delay.
- Direct verification via employers entails substantial staff time and may discourage legitimate applications.

Income verification is most useful as a tool when investigating suspicions of fraud. Most often, the income documentation is a pay stub that can be determined by inspection to be credible. If a pay stub alone does not provide sufficient documentation (e.g., the employer information would not permit verification), the State agency can provide a procedure for obtaining a statement from the employer.

An area of particular vulnerability in the process of determining income eligibility is obtaining an accurate income for the economic unit. With the exception of small towns, where staff may know the living situations of applicants, WIC staff must typically rely on the documentation the applicant provides on who is living in the home and how much income they receive. Applicants may not know the income of people living with them, or may be reluctant to share this information. Effective WIC staff assure that they obtain complete information on applicants' household income by relying on their experience with WIC participants, using appropriate interviewing techniques, and treating every interview as important.

A key strategy is to probe when the reported income is inconsistent with other information about the applicant's living situation. Training in how and when to use prompts effectively to gain needed information is helpful to staff. Staff can also prompt for sources that the applicant may not consider as income, such as disability benefits, child support, etc. As an enhanced control, the staff member records the name and income of each household member, to facilitate reliable computation and updating of household income.

When the applicant or a household member is reluctant to provide income information, staff emphasize that this information is confidential and used solely for WIC certification. Some agencies use a specialized income screening clerk to perform the income eligibility portion of the certification process. Such clerks are specially trained to gain more accurate income information to establishing income eligibility. These practices require additional staff time for the certification. Training in use of prompts can be provided as a part of on-the-job training, through observation of a more seasoned staff member, at no additional cost to the Program, other than the amount of time the trainee spends observing this process.

The type of documentation provided by the applicant should be recorded on the certification form or in the computer. This is helpful as a method of retaining a record of what documents the

applicant provided. The potential still exists for a staff member to certify an applicant who is not actually income eligible, by recording that a certain type of documentation was produced and that the applicant is within income guidelines. An enhanced control against such collusion is to require that staff photocopy income documentation and keep the copy in the chart. This would make falsifying income to certify an applicant much more difficult.

Photocopies are useful evidence if a case of suspected fraud and abuse is under investigation. Making photocopies requires staff time, added storage space, and access to copiers, so this practice may not be feasible or cost-effective for all agencies.² An alternative way to prevent staff from falsifying income documentation is to have the documentation reviewed by two different staff: a reception clerk who verifies that the documentation is provided and computes household income, and the Competent Professional Authority (CPA) who makes the final determination of eligibility. Review of documentation by two staff requires additional staff time, but clinics may find it useful to have clerical staff perform income computations so that the time of the CPA is freed up for other duties.

Household income is typically calculated by the certifying staff and kept on record. The potential exists for errors in calculation, especially when clinics get busy, and staff members are rushing to keep clinic flow at a tolerable level. For example, errors could be made when converting the amounts on weekly or biweekly pay stubs to a monthly income amount. A function that allows for staff to enter income information and have the MIS perform the calculation to determine if an applicant is income eligible is an enhanced control, particularly if the MIS is programmed to prevent the user from proceeding until this is finished. Since the MIS can perform this function more accurately and efficiently, this control is beneficial in increasing program integrity and reducing staff effort.

The cost of programming the MIS to perform this function varies considerably, depending on the type of MIS currently used. This control also requires that each certifying staff have access to a terminal during the certification process, which may pose a problem in smaller clinics. Recording the income of each person in the household at the time of certification is an enhanced control in the certification process, in that it aids staff in obtaining accurate information at subsequent recertifications. For example, staff can inquire about a particular member of the household who was mentioned at certification, but not at recertification. This requires additional staff time to check the record and inquire about household members, but at the same time provides staff with a method for obtaining more accurate information about the size and income of the family unit, an area where staff have little control for ensuring that information provided is accurate.

² As used here and elsewhere in this report, the term “cost-effective” means that the practice in question yields sufficient results to justify its costs. Such determinations may be made through quantitative or qualitative assessments. A quantitative cost-effectiveness or cost-benefit analysis, incorporating comparison of costs and measurable outcomes, is the preferred basis for choosing among alternative practices. When making decisions about proposed practices, however, program managers often have to rely on more subjective assessments of cost-effectiveness, based on qualitative comparisons of resource requirements and likely outcomes.

Residency

Table 2–5—Requirements and controls for establishing residence

WIC requirements and basic controls for residency	Enhanced controls for residency	Benefits and costs of enhanced controls for residency
Requirement: Applicant must provide proof of residency via official documentation or correspondence except in specific cases where an exception is granted. Type of documentation must be recorded on the certification form or a copy of the documentation included in the participant's file		
Basic control: State agencies require some sort of document with applicant's name and address	Options: a) Provide standard list of acceptable documentation b) Send pre-formatted appointment letters c) Record form of documentation provided on MIS	Assures consistency and use of reliable sources. Requires investment of time for State administrative staff to establish list. Helps to validate address. Requires clerical staff time and cost of paper and postage. Allows tracking of patterns and provides basis for audit or investigation. Requires MIS access and staff time. Minimal slowing of clinic flow.
Basic control: Establish procedures for participants without conventional street addresses	Options: a) Identify via confirmed electric/water meter number b) Obtain signed statement providing directions attached to a map	Requires investment of time for State administrative staff to establish procedures.

WIC applicants are required to provide proof of address, as a check against dual participation except in limited circumstances. The effectiveness of this control is enhanced when the State agency provides clear guidelines on what documentation is acceptable, and when applicants are informed of the requirement. These guidelines need to assure that the documentation is reliable while providing a wide variety of options to fit individual circumstances. For most participants, a driver's license or utility bill is a readily available and suitable proof of address. Another commonly available and reliable source is a pay stub with the participant's address. For WIC families that share a home with another family, the utility bill alone is not suitable, but it can be validated by a signed statement from the head of the other family. In rural areas, the lack of conventional street addresses poses a challenge that needs to be addressed by State policy.

For these cases, valid residency information can be assured by options such as: identifying the location by obtaining the electric or water meter number and confirming the location with the utility (preferably in writing); or having the participant sign a statement providing clear directions or a map showing nearby landmarks and approximate distances. Certification staff

cannot verify each such address in person, but the requirement to provide verifiable information serves as a deterrent to falsification, and the information can be useful to an investigator if suspicions arise about dual participation or unreported household members with income. Establishment of a list of acceptable documentation requires that State administrative staff make a one-time investment of staff time. Keeping a record of the type of documentation provided in the MIS allows for the tracking of patterns that serve as “red flags” to investigators (e.g., use of non-conventional addresses in urban areas).

Table 2–6—Requirements and controls for dual participation

WIC requirements and basic controls	Enhanced controls	Benefits and costs of enhanced controls
Requirements: State agencies must take actions to identify suspected cases of dual participation within and between local agencies, with follow-up within 120 days of detection. State agencies must enter into agreements with bordering States and CSFP and ITOs within their service area for prevention and detection of dual participation.		
Basic control: Dual participation report checked on a quarterly or monthly basis	<p>Dual participation report checked on a weekly or daily basis</p> <p>Options:</p> <p>a) Real-time check for dual participation with mandatory override if match is found</p> <p>b) Computerized matches with other States/CSFP/ITOs using standardized data formats</p> <p>c) Computerized check in real time or via frequent match where CSFP is present</p>	<p>Minimize time elapsing before dual participation is detected and investigated. Requires investment of staff time. Amount of time would vary depending on number of matches found.</p> <p>Prevents dual participation before the program incurs a loss Requires fast access to central database.</p> <p>Especially valuable in areas close to a border or ITO. Requires agreement to establish data formats and follow-up procedures, and investment of staff time in reviewing and investigating matches.</p> <p>Manual checks on CSFP/WIC overlap are time-consuming and error-prone. Requires programming of MIS to perform this function, and ability of MIS to interface with other program’s MIS.</p>
Basic control: Dual participation report which uses multiple data elements for matching (i.e.: name, address, date of birth)	Includes spend dates on the last food instruments issued and flags participants with more than one set for the same month	Discriminates between dual registration and dual participation. Requires that MIS be programmed to perform this function. Cost of programming MIS varies depending on type of MIS currently in use.

	MIS which allows the user to adjust the number and type of data elements used	Allows the user to broaden, narrow or customize the report. Requires that MIS be programmed to perform this function. Cost of programming MIS varies depending on MIS currently in use.
Basic control: Provide Verification of Certification (VOC) card to transferring participants	Print VOC card from MIS Electronic transfer of record and control over record to participant's new clinic	Reduces risk of unauthorized or altered VOC; requires MIS programming. Facilitates transfers, prevents confusion and errors; requires MIS programming.
Basic control: Check VOC card presented by participants transferring into State. Ask participants transferring into State to return previously issued food instruments before issuing new food instruments	Call out-of-State WIC clinic to check prior program status before issuing benefits Return unused food instruments to State agency that issued them when participant transfers into State	Prevents participant from redeeming two sets of food instruments for the same period of time. Requires investment of staff time. Possible inconvenience to participant.

WIC Program regulations require States to establish procedures to prevent and detect dual participation between local agencies. A participant can be registered in more than one location, but receipt of more than one set of benefits for a single month is a violation. Dual participation was found by GAO to be the most common of the serious violations by participants detected. Strengthening of regulations pertaining to proof of identity and residency has made it more difficult for participants to participate in more than one location. However, one large State agency interviewed in the course of this study had enough matches on its dual participation reports to require a full-time investigator to process them.

Checks for dual participation can be done in real-time (during the registration process) or via batch reports. Dual participation can be most effectively prevented by an MIS that has the capacity to perform a real-time check for dual registration, particularly if the MIS requires a mandatory override in order to continue once a case of possible dual registration has been identified. As noted earlier, this capability entails substantial resource requirements. Agencies that do not have real-time checks for dual participation typically identify possible cases through the use of one or more dual participation reports. The frequency with which these reports are run varies from daily to semi-annually. A daily or weekly check provides the agencies with a control for identifying dual participation quickly and minimizing loss of funds.

Agencies that use a centralized batch system do not have the option of a real-time check and may not have access to the most current information because of lags in the transfer and entry of data. Dual participation reports are current as of the last time the information was updated. If information is not transmitted and entered on a daily basis, then it is less useful to perform daily

checks for dual participation. The more frequently systems are updated, and reports checked, the stronger the control for detecting and preventing dual participation.

WIC Program regulations now extend to preventing and detecting dual participation between States or between a State, an ITO, and CSFP serving the same area. Program integrity is enhanced by comparing records between agencies. Such comparisons can be automatic if the agencies share the same MIS (e.g., a single MIS is used for WIC and CSFP). Otherwise, comparisons require an agreement to share information in compatible formats, to assign responsibility for conducting comparisons, and to coordinate action when matches are found. These procedures are likely to be more cumbersome than within-State matches, so a less frequent process (e.g., quarterly or semiannual) may be the only cost-effective, feasible approach. If the process detects a high level of dual participation, the frequency can be increased.

A large number of the matches on dual participation reports are actually found to be cases of dual registration in which the participant has registered in two clinics but receives benefits from only one. This situation often arises when a participant has recently transferred from one clinic to another, and shows up on the new clinic's roster as well as on the previous clinic's roster. This can happen if the previous clinic has not yet updated its system, or if the participant did not request a transfer. Another common source of such "false positives" is the presence of siblings or multiple-births (e.g., when the match identifies children with the same birth date and last name). Because these false positives will show up repeatedly, the process can be enhanced by providing a way for these matches to be ignored in future searches.

The number and types of data elements used to find matches on these reports can affect how broad or specific they are. If an MIS has the capability to allow for adjustment of the number and types of data elements used, reports can be narrowed, broadened, or customized to meet the needs of the users. Control over these parameters is a sensitive issue, because they could be manipulated to conceal staff fraud. The basic parameters are the participant's name, date of birth, and address. Including the spend dates of the last food instruments issued to each participant as a data element allows the report to focus on cases where benefits were issued twice to the same participant for the same period of time, eliminating false positives resulting from dual registration alone. Additional information can be used if the agency records the mother's name in an infant or child record, or establishes linkages between family members. If participants' social security numbers are widely available, they can be a useful identifier, although they sometimes generate false positives because of problems in assigning or reporting these numbers.

The cost of programming the agency's MIS to perform this function varies in relation to the fundamental choices made regarding the type of MIS and its integration into WIC operations. Another factor to consider in implementing this type of control is the type of data currently stored in the database. Agencies need to determine whether the data elements currently available are sufficient to strengthen the report sufficiently to justify the cost of reprogramming the MIS. If a sufficient number and type of data elements are not currently stored into the database, the agency needs to consider the level of effort involved in obtaining and updating the database with such information.

A particular challenge to the Program is when a participant falsifies personal information to avoid detection, such as changing name, date of birth, etc. This may prevent detection on a dual participation report. Detection of dual participation of this nature is typically a result of tips by people the participant knows or observations by staff, who may have recognized this participant from another clinic. When dual participation of this nature is detected, notification can be sent to all clinics alerting them to watch for this participant. Clinics can be notified at minimal cost through use of e-mail, if available, or faxes or telephone calls.

When a participant transfers from one WIC clinic to another, and new food instruments are given, the potential for dual participation exists in the form of redemption of food instruments from both clinics for the same time period. The basic control used to prevent this problem, and to facilitate transfers, is the Verification of Certification (VOC) card given to the transferring participant. The VOC card contains key information from the participant's record, including birth date and start and end dates for the current certification period. As an enhanced control, some State agencies print VOC cards from their MIS, thereby ensuring the accuracy of the information and providing a document that is easier to authenticate than a manually prepared card.

At the same time, eliminating stock for manual VOC cards reduces the risk of the creation of unauthorized VOC cards by staff or other persons with access to the stock. Another enhanced control for within-State transfers is the use of an electronic process to transfer both the participant's record and the authority to perform actions on that record, including benefit issuance. This mechanism facilitates transfers and ensures that the clinic receiving the transfer has timely access to accurate information. It also prevents confusion and errors that may arise if more than one clinic has access to a participant's record. Both of these enhanced controls require a modest amount of MIS programming and processing.

If the participant is transferring from another State, local WIC staff members typically ask if the participant has a VOC card and, if so, use this document as proof of current eligibility. Local WIC staff members also check if the participant has any unused food instruments prior to issuing new ones. An enhanced control is to contact the previous clinic or the State agency to determine the dates on the last food instruments given, and require that any unused ones be turned in before replacements are printed. The clinic may be asked to fax a printout of participant information, particularly if the participant does not have a VOC card.

In areas where relocation across agency boundaries is common, checking for previous WIC participation may be useful as a routine practice, even if the applicant does not acknowledge prior WIC participation. Such calls cost time on the part of both the contacting and contacted agency staff, the amount of time depending on how readily available the information is to the contacted staff. Agencies using this control feel that the time invested in the call is worthwhile because of the potential for detecting dual participation. Control on dual participation is also enhanced when the MIS can automate transfers, including the removal of the participant from the database of the clinic that the participant is leaving. Such automation depends on the current capabilities of the agency's MIS. Agencies should weigh the cost of reprogramming their MIS to perform this function against the reduction in staff time as well as potential dual participation.

2.7 Termination Controls

Table 2–7—Requirements and controls for termination

WIC requirements and basic controls for termination	Enhanced controls for termination	Benefits and costs of enhanced controls for termination
Requirement: Certification is to be established in accordance with specified timeframes.		
Basic control: Participants terminated at end of certification period if not recertified	MIS automatically initiates termination and prevents further issuance of food instruments at end of certification period	Prevents receipt of benefits past time of eligibility due to accidental or intentional oversight by staff. Requires the programming of MIS to perform this function. Cost of programming varies depending on current MIS.

Termination of a participant at the end of the certification period is a basic control against receipt of benefits by participants who are no longer eligible. In a system where staff members are responsible for performing this function there is a risk of improper issuance due to staff oversight, collusion with participants, or theft by staff who know that a participant is unlikely to return.

An MIS with the capability to perform terminations automatically when the time is appropriate is an enhanced control against staff and participant fraud and abuse. There are several situations in which automatic termination can be used:

- When a child turns 5 years old
- When a pregnant woman reaches her due date
- When a woman reaches 6 months postpartum or 12 months of breastfeeding
- When a participant has not participated in the Program recently
- When a participant has not been recertified in a timely manner

The most basic approach to automatic termination is to key on the date of the last certification and the date when the next certification is due (which can be manually entered or, ideally, calculated by the MIS). Additional controls can be established to terminate participation when the individual's categorical eligibility ends, if the period of eligibility is longer than the certification period. In the case of a pregnant woman, the termination process needs to allow for late deliveries, but the control is most effective if a supervisor's approval is required. In States that use a batch system with an offsite database, food instruments have to be printed in advance for participants due for recertification, thereby increasing the risk of issuing benefits to participants who have not recertified. Agencies must weigh the cost of programming their MIS to perform automatic terminations against the added security it provides.

The integration of appointments with the MIS functionality for certification and benefit issuance provides an additional control for ensuring timely recertification and termination. If the worker is prompted to schedule the next appointment when issuing benefits, both the worker and the participant are reminded when recertification or the end of eligibility is due.

A related control is the termination of a participant who has not picked up food instruments recently. This situation is one of the most common sources of staff fraud. In this situation, the participant is still eligible and must be notified before action is taken. From the perspective of maximizing the Program's impact, it is important to follow up with such nonparticipants and attempt to get them to come back for their benefits and services.

Conversion of infant to child status is not actually a termination of benefits, but rather a termination of one category and beginning of another. The importance of this control lies in the relatively high cost of WIC formula. Because formula is expensive and has a resale value, participants may try to continue to receive it for longer than it is needed. As an enhanced control against fraud and abuse, an automatic conversion based on the date of birth entered into the system at recertification prevents this from occurring. Because of the high cost of formula, it is important that agencies weigh the benefit of reducing loss in this area when making decisions regarding the cost effectiveness of MIS programming to perform automatic terminations.

2.8Anthropometric Measurements and Bloodwork Data

Table 2–8—Requirements and controls for measurements and data

WIC requirements and basic controls for measurements and data	Enhanced controls for measurements and data	Benefits and costs of enhanced controls for measurements and data
Requirement: Obtain height or length and weight data at certification. Data are recorded on the certification form		
Basic control: Data are recorded in the MIS	<p>MIS checks for abnormal values</p> <p>MIS obtains/verifies birth weight and length from birth records</p>	<p>Detects errors and falsified data. Requires that MIS be programmed to perform this function. Cost varies depending on the capabilities of MIS currently in use. Investment of staff time to review results/ values. Match with birth records requires authorized access and automated records.</p>
Requirement: Obtain results of blood test for anemia at certification for those with no other nutritional risk factor present, or within 90 days for those with another risk factor. Exceptions specified in the regulations		
Basic control: Data are recorded in the MIS	MIS checks for abnormal values	<p>Detects errors and falsified data</p> <p>Requires that MIS be programmed to perform this function. Cost varies depending on the capabilities of MIS currently in use</p> <p>Investment of staff time to review results /values</p>
Requirement: Bloodwork data and anthropometric measurements may be accepted from outside healthcare provider, but must reflect the participant's category, conform to anemia schedules, and reflect the date taken. Anthropometric measurements must have been taken no more than 60 days before prior to certification.		
Basic control: Copy of data provided is kept on record	Data should include healthcare provider's signature, address, phone number, and clinic name	Provides information needed to verify authenticity of the data if necessary.

	Provider name and address information recorded in MIS	<p>Requires investment of staff time and could be reserved for circumstances where data provided are suspicious.</p> <p>MIS can identify high-volume and out-of-area sources of referral data for monitoring.</p> <p>Requires that MIS be programmed to perform this function. Cost varies depending on the capabilities of MIS currently in use.</p> <p>Investment of staff time to enter and analyze data.</p>
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The nutritional risk assessment is a process that is largely shaped by considerations of quality of care, not fraud. However, this process is also vulnerable to abuse, especially when external sources provide anthropometric measurements and bloodwork results. This is of particular concern when programs are limiting benefits based on a priority system, because the temptation for external sources to falsify data to help someone receive WIC benefits may be increased. For this reason, it is important that controls are in place to prevent fraud and abuse, particularly when the information is coming from an external source.

Requirements include obtaining height, weight, and bloodwork data either directly at certification or via acceptable documentation supplied by a licensed external healthcare provider. To enhance this process, agencies can have the MIS programmed to check for out-of-range values, or to obtain and verify birth weight and length from birth records. This function aids in detecting errors and falsified data.

When data are accepted from an external source, an enhanced control is to require that the healthcare provider's signature, the group or clinic name, phone number, and address, so the agency can verify the authenticity of the data. Agencies can opt to provide a standard form to be filled out and signed by the healthcare provider to ensure that all information needed is provided.

The provider's name and address can be recorded in the MIS so that high-volume and out-of-area clinics can be tracked, and any provider with questionable patterns of referrals can be flagged for investigation. This information is also valuable for followups when questions arise concerning the data or the participant's health. The cost of programming the MIS to perform these functions varies depending on the functions and data currently programmed into the system. The amount of time required by staff to enter these data is minimal, and in agencies where information is entered into the system during the certification process, no additional equipment is required.

2.9 Food Prescription Controls

Table 2–9—Requirements and controls for food prescriptions

WIC requirements and basic	Enhanced controls	Benefits and costs of enhanced
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controls		controls
Requirement: State agencies must provide a list of approved foods and their quantities to local agencies. CPAs must assign food prescription based on standards for participant category and individual assessment of nutritional risk		
Basic control: CPA enters quantities of prescribed foods on certification form or MIS	Program MIS to define basic and modified packages, assign default package based on participant category and risk codes	Prevents staff from over-issuing food package; promotes consistency and appropriate tailoring. Requires programming of MIS to perform this function. Cost of programming varies depending on MIS currently in use.
Requirement: Require doctor's prescription for non-contract formulas		
Basic controls: Review and approval of non-contract formulas by supervising nutritionist	Limited authorization to make codes for high-cost formulas available on the MIS Controlled ordering and handling of high-cost formulas	Requires additional time of senior staff, and programming of MIS, to perform this function. Cost of programming varies depending on MIS currently in use. Involves shift of staff time from lower level to senior staff. May require special storage areas and security procedures.

The purpose of prescribing a food package is to ensure that a participant is receiving foods that are recommended for her based on her specific nutritional needs. In addition to meeting this need, the agency must also make sure that participants are receiving only those foods deemed necessary for them, so as to maximize use of food funds and to avoid collusion between staff and participants to provide extra benefits. Each agency must provide its CPAs a list of approved foods and the maximum quantities for each participant category, with guidelines for tailoring these standard food packages to individual needs.

As a basic control, the CPA refers to these documents and enters the quantities of foods for the individual food prescription on a certification form or directly into the MIS. (As discussed in the chapter on issuance controls, another basic control for this requirement is to pre-print the standard food items for women, infants, and children on food instruments, if they are to be issued manually at the time of certification.)

As an enhanced control, the MIS can be programmed to define standard food packages, including both the basic packages for each participant category (and, for children, for each age group) and modified packages to address variations in nutritional and dietary needs. The nutritionist or other competent authority can then choose from the array of standard food packages, rather than building a customized food package for each participant. This process can be further controlled by programming the MIS to assign a default package based on category and risk; overriding this default can be monitored or restricted to more senior staff.

The cost of programming the MIS to perform this particular control should be weighed against not only the reduction of potential fraud, but also the reduction in the amount of time it takes staff to issue food instruments. Many State agencies with on-demand check printing already have pre-programmed food packages, so the additional function of assignment by the MIS is less costly than in a system where food instruments come in booklet form or are hand-written by staff. Such a system requires a larger investment that may or may not include purchase of terminals for smaller clinics that do not have them.

When a participant requires a special formula not covered by the agency's rebate contract, the high cost of this formula necessitates additional controls on the prescription. WIC Program regulations specify that non-contract formulas are to be distributed only with a doctor's prescription, which must include a diagnosis justifying the need for special formula, how much formula will be needed, and for how long. This information helps ensure that high-cost, non-contract formulas are distributed only when medically necessary and only for as long as they are needed. As an enhanced control, agencies may require that a nutritionist or similarly qualified professional approve these prescriptions, when paraprofessionals are certified to perform basic nutritional assessments and prescribe food packages for low-risk participants.

At the agency level, enhanced controls on non-contract formula include: review and approval by a nutritionist on the State staff; limiting authorization to place non-contract formulas on the MIS as available prescriptions; and controlled ordering and handling of non-contract formulas. This enhanced level of security results in additional duties for the State nutritionist, but the level of effort is small relative to the cost of the formulas.

Sometimes participants do not pick up non-contract formula shipped to local agencies, or return unused formula to the clinic when the food prescription changes. Clinics may then have a stock of unused WIC formula on hand. Because these stocks have a substantial resale value, they should be inventoried to discourage participants or staff from taking them to sell, and these inventories should be periodically monitored by supervisory staff. While inventorying and monitoring divert supervisory staff from other job duties, and may require special storage areas, they reduce the potential for loss or undetected staff theft.